

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MG</i>		<i>2/17/00</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>3/1/00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		<i>59158</i>	<i>4-20-2000</i>

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral) Canceled A Appeal
 Restricted O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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JCS64 U.S. PTO
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APPLICANT
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TITLE: APPLICANTS

CLAIM

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